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GLOBALIZATION OF HEALTH SERVICES - ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES IN INDIA AND DEVELOPMENT OF A RESTRUCTURED MODEL FOR ITS PROMOTION AND MANAGEMENT

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ABSTRACT

Health systems are evolving and continuously faced by new challenges. Trade in health services is one of the most complex and important challenges that health systems have to respond to and now a days it seems to be one of the best mechanisms of financing and creating additional resources for health systems in developing countries. The objectives of this study are to focus on current opportunities and challenges of medical tourism in India and to find out the effect of globalization of health on existing Indian healthcare system. This will be a cross sectional survey. Primary Data will be gathered from people involved in the health tourism field i.e. ministry of health, hospitals and medical centers affiliated to medical universities those are involved in medical tourism industry and from private sector that recently researched on creating a structure for marketing of health tourism in India, international patients coming to India for medical procedures and from tour operators society. Secondary data will be sourced from books, newspapers, trade journals, industry portals, government agencies, trade associations, monitoring industry news and developments, and through access to access to databases. Final Questionnaires prepared using 5 point Likert scale would be distributed in private hospitals to rank the opportunities and challenges of medical tourism of India by hospital managers and managing directors. Analysis methods include Item Analysis, Cronbach's Alpha to confirm the reliability of questionnaire, experts attitudes to confirm the validity of questionnaires. The data from questionnaires would be prioritized using Multiple Attribute Decision Making (MADM) approach (TOPSIS method) and depending upon the availability of data a comprehensive model would be prepared so that health tourism can be promoted in India & challenges can be converted into further opportunities.

- **Keywords** – Medical Tourism, Globalization, MADM Approach, Healthcare system, Reliability, Validity

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1. INTRODUCTION

Healthcare systems are evolving and continuously faced by new challenges. Trade in healthcare services is one of the most complex and important challenges that health systems have to respond to and now a days it seems to be one of the best mechanisms of financing and creating additional resources for health systems in developing countries. (Seth et al, 2009)

In fact liberalization of trade in healthcare services has provided the unique potential to create new challenges as well as create new opportunities, especially in low and middle income countries for providing efficient and sustainable healthcare services. (Seth et al, 2009)

Health services in recent years have become increasingly traded because of growing mobility of health services providers and customers and increased private sector participation in delivery of health services. (Dawn & Pal, 2011) An increasing number of countries are competing to become key exporters of health services. (Cattaneo, 2009) It is caused by the high cost of health care in developed countries, the steep rise in demand for health services as a result of the ageing of populations in those countries and the increasing availability of advanced health and medical services in developing countries with high quality and lower prices than in developed countries in addition to long waiting lists for surgery in those countries. (Dawn & Pal, 2011, Cattaneo, 2009)

1.1 Globalization

"Globalization, or the increased interconnectedness and interdependence of people and countries, is generally considered to include two interrelated elements: the opening of boundaries and borders to increase flows of goods, services, finance, people and ideas across international borders; and the changes in institutional and policy regimes at the international and national levels that facilitate or promote such flows". (World health organization)

Globalization is the system of interaction among the countries of the world in order to develop the global economy. Globalization refers to the integration of economics and societies all over the world. It involves technological, economic, political, and cultural exchanges made possible largely by advances in communication, transportation, and infrastructure.

1.2 Globalization of health services

According to report by CII McKinsey Healthcare industry is the world's second largest business after retail. With increasing standards in healthcare and the need for affordable treatment, the Asian healthcare market has become a goldmine for health tourism.

The health tourism market revenue worldwide is expected to reach USD 100 billion by 2012, with Asia being the major contributor. India is an attractive healthcare destination. Globally there has been tremendous growth in the health service sector. A major proportion of this growth is predicted to be attributable to the growth in the business of health tourism. (Feachem, 2001 & Getz, 2007)

1.3 **Expansion of health tourism in India**

There are several characteristics that make India an appealing destination for visitors seeking health services. These include its well-trained health practitioners, a large population of good English-speaking medical staff, a good population of allopathic and alternative systems of medicine, the availability of super-specialty centers, use of technologically advanced diagnostic equipment. (Centre on Global Change and Health, 2002)

Health tourism in India has gained momentum over the past few years. According to the Confederation of Indian Industries (CII), approximately 150 000 patients arrived in India in 2005 from across the globe for medical treatment, and this is expected to increase by 15% each year.

1.4 Objectives of the study

- To focus on current opportunities and challenges of medical tourism in India (from the attitude of providers (Indian hospitals) and receivers (internal patients coming to India for medical procedures).
- To find out the effect of globalization of health on existing Indian healthcare system.
- To rank the challenges and opportunities of Indian health tourism and in this way to make policy makers able of using this ranking in their decision making process.
- To enable the health policy makers to allocate their resources in the best manner, in order to utilize the opportunities of medical tourism and decline the challenges and change them to opportunities of this emerging phenomenon.
- To develop a comprehensive restructured model for the promotion of health tourism in India

1.5 Significance of study

This research will provide a deep insight into the Indian health tourism market and will evaluate the past, present and future scenario of the health tourism market. It will discuss the key factors which will make India an attractive medical tourism destination. Both statistics and trends about market size, tourist arrivals, infrastructure, accreditations, drivers and restraints will be thoroughly studied & a comprehensive restructured model will be built which will help in growth & promotion of Indian health tourism market.

2. LITERATURE REVIEW

Baris E, McLeod K. (2000) Studied Globalization and international trade in the twenty-first century: in the south. Their study explores how freer international trade will affect developing countries that are net importers of health care goods and services. The researchers posed a number of research questions that could help in developing proactive policies for the South on the trade of goods and services with harmful effects on health as well as those with potential health and economic benefits.

Bezruchka S. (2000) pointed out the facts if globalization is dangerous to health. In his article he summarized that determinants of population health are entirely different from those affecting individual health. Population health in developed and rich countries is determined by the gap between rich and poor population. He stated that globalization if seen on corporate centered front increases the gap between poor and rich within a country and among the countries. Article further shows that the policies which increase the gap between rich and poor and also promote substantial corporate subsidies should be changed to have positive effects of globalization and to improve population health.

Giovanni Andrea Cornia (2001) in an article discussed the results and options of globalization and health. Article reveals that last two decades have witnessed the emergence and collaboration of economic paradigm and removal of barriers among nations for international trade and other practices. If properly managed such an approach may lead to good gains in health status. Globalization has enhanced the performance of countries with good infrastructure bur narrower domestic markets. Article shows that health gains in China, Costa Rica and Vietnam etc is attributes to globalization. In countries like Africa, Latin America and Eastern Europe globalization is not seen due to poor domestic conditions and imposition of new regulatory mechanisms limiting the access of their exports to foreign markets.

Woodward et al (2001) propose a framework for understanding and analyzing globalization especially its economic aspects and impacts of globalization on health. They described three themes. Firstly an agreed analytical framework is very important for a reliable assessment of

health effects of globalization. The second theme point out that the indirect effects of globalization operating through household and national economies are important for health outcomes. Thirdly they concluded that the effects of globalization will be optimized only when improvements in health and well being become central objectives of National economic policy making.

Homedes N and Antonio Ugalde (2003) describe the impact of globalization on the making of health policy at United States and Mexico border. They observed participants and conducted in depth interviews with policy makers, public health specialists, representatives of professional organizations and unions and finally concluded that barriers that keeps US and Mexican policymakers apart prevail while health problems that do not recognize international borders go unresolved and in order to solve international problems social, political and cultural interdependence need to be built so that international trade can be promoted by policymakers.[16]

Cortinois AA et al (2003) in a research article analyzes the direct and indirect effects of globalization on healthcare systems and services thereby focusing on the experience of academic health sciences centers. The researchers built their analysis on the belief that globalization is neither negative nor positive in itself. They compared different definitions of globalization and examined the complex and multidimensional nature of globalization on health and healthcare system. A pre-existing conceptual framework was used to analyze the complex linkages between globalization and health, and different scenarios were presented to illustrate the effects of international trade policies and regulations on healthcare systems. The changes in hospitals' structure, organization and functions triggered by globalization and the introduction of new information and communication technologies were also examined. The final analysis of the research was built taking into account five main elements: patients, human resources, capital, information and funding. Finally the most fundamental challenges both practical and ethical, that healthcare institutions have to face in the new era of globalized health services were highlighted.

Leggat SG and Tsc N (2003) conducted a research on impact of globalization on Hong Kong and Australia in different ways, but the experience of the public healthcare systems in both jurisdictions suggests a need for teaching and research hospitals to refocus from the management

of international patients to better meet the needs for global health. The objectives of the research paper were to suggest how globalization changes the external and internal environments of hospitals as well as to analyze and suggest the role for hospitals in a globalized world. The experiences of hospitals of Australia and Hong Kong were summarized. It was found that the citizens of Hong Kong were aware of the issue of globalization. On the other hand, the citizens of Australia living with geographic isolation, relatively limited natural resources and a small population, all of which have limited their role in global trade and financial markets. However, both Hong Kong and Australia have seen numerous benefits from the increasing speed of globalization, communication and information transfer and exchange.

Angus Deaton (2004) describes that globalization has improved child mortality rate and life expectancy throughout poor countries in the middle of 20^{th} century. In some countries, the increase in life expectancy was more than a year per year and in a few countries like Mauritius and Srilanka faster than two years per years. This wave of health improvement is the result of globalization of knowledge with facilitation from political, social and economic factors.

Beaglehole, R., Yach, D., (2003). studied frontiers that are expanding at unprecedented rates, even as economic and financial pressures shrink profit margins, intensify competition, and constrain the funds available for investment. His study explores that world today has more economic, and social opportunities for people than 10 or 100 years since globalization has created a new ground somewhat characterized by rapid economic transformation, deregulation of national markets by new trade regimes, amazing transport, electronic communication possibilities and high turnover of foreign investment and capital flow as well as skilled labor.

Ronald Labonate and Ted Schrecker (2005) in their review paper globalization and social determinants of health describe key strategic and methodological issues laying emphasis that globalization demands a distinctive perspective and approach. Section –II of paper describes a number of key clusters of pathways leading from globalization to changes in social determinants of health.

Bennett B and George F. Tomossy (2005) in an article presented their reviews on ethical and legal aspects of globalization and health. Article reveals that globalization has emerged as a strong and fundamental force shaping the ethical, legal and political aspects of health. The researchers have shown that all the aspects of healthcare are influenced by transnational factors an the effects of globalization can be positive and negative. Avoiding the harms and increasing the benefits of globalization is the biggest challenge countries are facing. Legal and ethical consideration of globalization of health is very important for development. Article draws the conclusion that a sound ethical base is required at national as well as international levels to promote globalization and to face the challenges posed by it so as to ground global considerations about equity and respects for human rights.

Huynen et al (2005) described a conceptual framework for health implications of globalization identifying the main determinants of population health and the important features of the process of globalization. The framework showed that globalization affects the ecological, institutional, social, cultural, environmental and economic determinants of population health. They concluded that the process of globalization operates mainly t contextual level influencing health through its proximal and distal determinants. Framework developed by them shows how to organize the complexity involved in studying the health effects of globalization.

Van Damme W (2007) in an article launches the debate on the topic that how does healthcare facilities in low income countries can be financed globally**.** Contribution of low income counties to their health system is calculated to be 4% to 5% of GDP which is very less. He concluded that total health expenditure in United States is approximately US$ 2,000. Article proposes an idea of World health Insurance which is a pure risk sharing mechanism and solidarity between healthy and less healthy countries or between rich and poor countries.

Swende TZ et.al. (2008).in their study explore that Health has long been recognized as a central feature of development. Globalization tends to be understood as a process of economic integration, but it implies more. It entails openness to trade, ideas, investment, people and culture all of which impact health. Globalization affects health positively and negatively simultaneously,

depending on such factors as geographical location, sex, age, ethnic origin, educational level and socioeconomic status.

Gopal R (2008) discussed certain key issues and challenges that usually a hospital faces while promoting medical tourism as per Indian perspective. He conducted an exploratory research and contacted 35 personnel including international patients and tour operators in India and abroad. Study continued for four months and it was concluded that for medical tourism to succeed a consortium of Tour operators, hospitals and hotels is essential. Taking into account hospital's perspective, there are certain areas where hospitals can make profits like dietary services and housing services for international patients. There are many challenges faced by medical tourism industry ranging from growing competition from developing countries like Singapore & Malaysia.

Fiddled, Merav Ben Natan, Ellen Ben Sefer (2009) described the role of nursing in promoting medical tourism. Study says that Medical tourism is expected to increase over the next decade as because of increasing access to internet more patients are able to acquire information about medical procedures at an affordable rate. They say that nursres in this scenario need to familiarize themselves with the benefits and dangers of medical tourism including ethical issues. This will help the potential medical tourists to get benefits from the services of a knowledgeable health professional who can discuss the many issues that relate to this medical tourism. It is expected that medical tourism will provide a new role for nurses as this healthcare trend expands around the world.

Kanavos et al (2009) conducted a multi country analysis of patients to find out the benefits of global partnerships to facilitate access to medicines in developing countries. The objective of the study was to discuss the socio-economic and demographic characteristics of patients participating in GIPAP which is a programme set up between a manufacturer and an NGO to provide free treatment to eligible CML (Chronic Myeloid Leukemia) patients in
80 countries worldwide on health outcomes of CML patients; and to discuss the determinants of such outcomes and whether there are any variations according to socio-economic, demographic, or geographical criteria. 13,568 patients across 15 countries were surveyed to collect data, over

the period 2005-200. Ordered Probit panel data analysis was used to analyze the determinants of a patient's progress in terms of participation in the programme. The results of the study show that GIPAP has a significant positive effect on patient access to important medicines for a life threatening condition such as CML. It sets a good example for access to treatment in developing countries, where such programmes can substitute or complement local efforts to provide care to eligible patients. The study concludes that GIPAP has been offering free treatment to CML patients in developing countries since 2002 providing assistance in countries where very little or no health insurance facilities are there and patients cannot afford appropriate treatment.

Nalini, Hofman and Roger (2009) raised important issues on globalization of health research. They pointed out that scientific diaspora is a unique resource for universities in United States. By drawing on the experience and capabilities of diaspora scientists, universities can do better taking into account their diverse intellectual resources to contribute more to global health. They examined the unique contributions of diaspora in international research collaborations and their benefits to US universities. International students enrolled in academic year 2007-2008 contributed an estimate of $ 15 billion to United States economy. They further concluded that such international collaborations will help in improving the health of people at home.

Tourani et al (2010) conducted a research to define the opportunities and challenges of medical tourism sector in Iran and suggested certain mechanisms to develop medical tourism industry in Iran. Eleven participants were interviewed to define opportunities and challenges of medical tourism industry in Iran. Data gathered through interviews was combined with literature reviews to create a 5 point Likert scale questionnaire. The questionnaires were provided to health services providers in private sector and analyzed by MADM approach, TOPSIS method. The most important challenges found to be faced by Iran Medical Tourism sector were: non-portability of health insurances and improper support of private sector by government of Iran and main opportunities were increasing access to medical tourism market by international patients resulting in increasing revenues, growing participation of private sector in health services and decrease in the number of patients going abroad for medical procedures.

Cushon JA, et.al. (2010) studied lived experience of economic and political trends related to globalization. Study explores that how the economic and political processes of globalization have influenced the determinants of health among low-income children in Saskatoon, Saskatchewan, Canada Respondents' experiences suggest that globalization-related changes in social conditions and public policies and programs have great potential to negatively affect family health through either psychosocial effects in individuals and/or decreased levels of social cohesion in the community.

Sogand Tourani et al. (2010) analyzed the process of priority setting at different levels of Iran's health system. In this qualitative study, 19 Experts of different levels of health system were interviewed. The semi-structured interview guide was designed based on literature review and three initial in depth interviews. Study explores that the opportunities and challenges of this industry are different between countries and every country should enter this area with attention to it is relative advantages.

Martens et al (2010) in a study did a statistical indicator analysis of impacts of globalization on health. They consider globalization more than a purely economic phenomenon on a global scale. The study links the Maastricht Globalization Index (MGI) with health indicators to analyze the performance of globalized countries in terms of infanr mortality rate, under five mortality rate and adult mortality rate. Spearman's correlation analysis was conducted to obtain the crude associations between the indicators used. After that least squares simple linear regression analysis was performed to calculate possible associations between the MGI and the mortality indicators, and the strength of these associations for each of the underlying MGI Domains. The results shows that the MGI has a statistically significant negative correlation (at $\alpha = 0.01$) with all selected mortality indicators. The results of statistical analysis (Spearman's correlations, and simple and multiple linear regression analyses) indicate that the infant mortality rate, under-five mortality rate and adult mortality rate all show a negative association with the process of globalization. The study concludes that globalization is mostly good for our health.

Puri et al (2010) shows that globalization has given birth to health tourism which is the fastest growing segment nit only in developed countries but in developing countries also. Results shows

that India has emerged as a hottest destination in medical tourism market. This is due to the fact that Indian medical standards are at par to that of International standards especially in developed countries and cost of medical procedures is comparatively very low in India. But a darker side of this is that unfair practices like unethical organ transplantations etc. Study concludes that a regulated proper system is required so that unethical practices can be stopped.

Bozorgmehr et al (2011) proposed a framework conceptualizing global health education in practice to monitor and guide educational intervention and reforms through a set of key indicators that have an impact on global health education. The framework proposed by him addresses the problems of new health challenges and education as a result of globalization. The framework built on "Globalization and Health" is oriented towards "health equity" and "health for all". He deducted ten indicators for use in monitoring and evaluation.

Dawn K S and Pal S (2011) discussed issues and opportunities of medical tourism in India. They found out that other countries like Thailand, Malaysia apart from India are also promoting medical tourism. As far as India is concerned low cost of treatment, availability of latest equipment and experts and diversity of tourist destinations are major key factors in promoting medical tourism. The study also explain various challenges like lack of coordinated efforts to promote medical tourism, improper accreditation mechanism for hospitals and lack of uniformity in pricing policies of hospitals. The study further identifies the key issues and opportunities posed by Indian medical tourism sector in order to overcome international and domestic barriers causing threats to this sector.

3. PROPOSED RESEARCH PLAN AND METHODS

3.1 Research Design

Exploratory research design

3.2 Data collection

- Primary Data will be gathered from people involved in the health tourism field i.e. ministry of health, hospitals and medical centers affiliated to medical universities those are involved in medical tourism industry and from private sector that recently researched on creating a structure for marketing of health tourism in India, international patients coming to India for medical procedures and from tour operators society.
- Secondary data will be sourced from books, newspapers, trade journals, industry portals, government agencies, trade associations, monitoring industry news and developments, and through access to access to databases.

3.3 Sampling Procedure

Convenient Sampling

3.4 Analysis methods

The analysis methods will include the following:

- 5 point Likert scale to construct the questionnaires
- Item Analysis
- Cronbach's Alpha will be used to confirm the reliability of questionnaire.
- Experts attitudes to confirm the validity of questionnaires
- The data from questionnaires would be prioritized using Multiple Attribute Decision Making (MADM) approach (TOPSIS method).

3.5 Proposed Procedure

- This study will be a cross sectional survey. In the first step of this study, we will interview a purposive sample of some participants to define Indian medical tourism opportunities and challenges. The participants identified in consultation with people involved in the health tourism field i.e. ministry of health, hospitals and medical centers affiliated to medical universities those are involved in medical tourism industry and from private sector that recently researched on creating a structure for marketing of health tourism in India, international patients coming to India for medical procedures and from tour operators society.
- The criteria for choosing participants will be academic or executive experiences in health and medical tourism.
- Interviews will be conducted face to face to obtain general information about the situation of Indian health tourism that will help to have better semi structure interview after.
- The strengths, weaknesses, challenges and opportunities of Indian medical tourism will be obtained from interviews and combined with those from literature review. So in this stage, we will design a list of challenges and opportunities that are two questionnaire with the 5 point Likert scale (less important, un-important, medium, important and very important) one as per patient perspective and other as per hospital perspective.
- Preliminary Questionnaires will be distributed for pilot study.
- Factor/Item Analysis will be done to reduce the number of items and to bring common items together.
- The validity of the questionnaires will be confirmed through expert attitudes and its reliability through Cronbach's Alpha.
- Final Questionnaires would be distributed in private hospitals to rank the opportunities and challenges of medical tourism of India by hospital managers and managing directors
- The data from questionnaires would be prioritized using Multiple Attribute Decision Making (MADM) approach (TOPSIS method). We selected MADM approach because of the structure of questionnaires that include various factors under each opportunities or challenges and TOPSIS because it can order the factors and weight them too and is the best method of MADM approach

- Depending upon the availability of data a comprehensive model would be prepared so that health tourism can be promoted in India & challenges can be converted into further opportunities.

4. REFERENCES

Anand, N. P., JD; Hofman, Karen J; Glass, Roger I., (2009)The Globalization of Health Research: Harnessing the Scientific Diaspora, *Lippincott Williams and Wilkins Aczdemic Medicine, 84*(4), 525-534. Retrieved from http://www.journals.lww.com/academicmedicine/toc/2009/04000.

Baris, E., McLeod, K., (2000). Globalization and international trade in the twenty-first century: Opportunities for and threats to the health sector in the South, *Int J Health Serv., 30*(1), 187-210. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/10707305.

Beaglehole, R., Yach, D., (2003). Globalization and the prevention and control of non-communicable diseases: The neglected chronic diseases of adults, *The Lancet 362*(9387), 903-908. doi: 10.1016/S0140-6736(03)14335-8. Retrieved from http://www.thelancet.com/journals/lancet/article/PIISO140-6736(03)14335-8

Bennett & Tomossy, G.F., (2005). *Globalization and Health: Challenges for Health Law and Bioethics*, Australia: Springer. Retrieved from http://www.udoschuklenk.org/files/gh.pdf

Bezruchka, S. (2000) Is globalization dangerous to our health? *Western Journal of Medicine, 172*(5), 332–334. Retrieved from Pubmed Central database.

Bozorgmehr, K., Saint A. Victoria, Tinnemann P., (2011), The global health education framework: a conceptual guide for monitoring, evaluation and practice: *Globalization and Health, Biomed Central*, 7-8. doi: 10.1186/1744-8603-7-8
Retrieved from http://www.globalizationandhealth.com/content/7/1/8

Cattaneo, O., 2009. Trade in health services: What's in it for developing countries. World Bank Policy Research Working Paper No. 5115.
Retrieved from http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1503809.

Centre on Global Change and Health, London School of Hygiene and Tropical Medicine. (2002). *Global health governance: a conceptual review, London*, Dodgson R., Lee K., Drager, N.: Author. Retrieved form http://www.bvsde.paho.org/texcom/cd050853/dodgson.pdf

Centre on Global Change and Health, London School of Hygiene and Tropical Medicine, (2009). *Global health governance: Overview of the role of international law in protecting and promoting global public health, London*, Fiddled: Author. Retrieved from http://cgch.lshtm.ac.uk/ghg3.pdf.

Cortinois, AA., Downey, S., Closson, T., Jadad, AR.(2003). Hospitals in a globalized world: a view from Canada, *Pubmed Healthc Pap, 4*(2), 14-32.
Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/14660881

Dawn, K. S., Pal, S., (2011). Medical tourism in India: Issues, opportunities and designing strategies for growth and development, *International Journal of Multidisciplinary Research* , 1(3) Retrieved from http://www.zenithresearch.org.in/.../16%20SUMAN%KUMAR%20dawn.pdf.

Drager, N.,Smith R. D. (2009). *Trade in Health Services*: World Bank Institute, Washington, DC.

Feachem, R. GA, (2001). Globalization is good for your health, mostly, *British Medical Journal (323)*, 504-506. doi:. http://dx.doi.org/10.1136/bmj.323.7311.504. Retrieved from http://www.ncbi.nlm.nih.gov>Journal List>BMJ>v.323(7311):Sep 1.2001

Getz, K.A., (2007). Global clinical trials activity in the details, *Applied Clinical Trials*, 42-44. Retrieved from http://appliedclinicaltrialsonline.findpharma.com/appliedclinicaltrials/Regulatory/Global-Clinical-Trials-Activity-in-the Details/Articlestandard/Article/detail/453243

Gopal, R., (2008, May). *The key issues and challenges in medical tourism sector in India (A Hospital perspective).* Paper presented at the Conference on Tourism in India – Challenges Ahead, India. Retrieved from http://dspace.iimk.ac.in/bitstream/2259/575/1/331-+335+Dr.+R+Gopal.pdf

Homedes, N., & Ugalde, A.,(December 2003), Globalization and Health at United States- Mexico border, *American Journal of Public Health, 93*(12). Retrieved from http://www.globalhealth.arizona.edu/..globalhealth../Globalization_and_health.

Hong, E., (December 2000), *Globalization and the impact on health: A third world view, The Peoples' Assembly,* Savar Bangladesh, 4-8. Retrieved from http://www.twnside.org.sg/title/health.pdf.

Huynen, M., Martens, P., Hilderink, H., (2005).The health impacts of globalization: a conceptual framework, *Globalization and health, 1*(14) doi:10.1186/1744-8603-1-14. Retrieved from http://www.globalization and health.com/content/1/1/14.

Institute of population health. (2005, August) *Globalization and social determinants of health: analytic and strategic review paper*: Labonate, R., & Schrecker, T. Otawa, Canada. Retrieved from http://www.who.int/social_determinants/resources/globalization.pdf.

Kanavos, P., Vandoros, S., Gonzalez, G. P.(2009). Benefits of global partnerships to facilitate access to medicines in developing countries: a multi-country analysis of patients and patient outcomes in GIPAP, *BioMed Central Ltd. Globalization and health, 5*(19). doi:10.1186/1744-8603-5-19. Retrieved from: http://www.globalizationandhealth.com/content/5/1/19

Leggat S. G., Tse,N. (2003). The role teaching and research hospitals in improving global health (in a globalized world), *Pubmed Healthc Pap, 4*(2), 34-8, discussion 76-81. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/14660882.

Natan, B. M. (2009). Medical Tourism: A New Role for Nursing? *Medscape Today, 13*(3). Retrieved form: http://www.medscape.com/viewarticle/708073_8.

Princeton University. (2004). Health in an age of globalization: Research programs in development studies, Princeton, NJ United States, Deaton A: Author Retrieved from http://www.zunia.org/sites/default/files/../157417_deaton_globalhealthage1.pdf

Puri, S., Singh, A., Yashik, (2010). Medical tourism- A New Arena, *Iranian Journal of Public Health, 39*(3), 16-19. Retrieved from http://journals.tums.ac.ir/july 04,

Seth, W. G. et al. (2009) Ethical and scientific implications of the globalization of clinical research, *The New England Journal of Medicine, 360,* 816-823. doi: 10.1056/NEJMsb0803929. Retrieved form http://www.nejm.org/doi/full/10.1056/NEJMsb0803929.

Siddiqi, S., A. Shennawy, Z. Mirza, N. Drager and B. Sabri. (2009). Assessing trade in health services in countries of the Eastern Mediterranean from a public health perspective. *Int. J. Health Plann. Manage, 25*(3), 231-250

.

Van, Damme W. (2007). World Social Health Insurance: Strengthening Health Systems in Low-Income Countries. *PLOS Med 4*(3): e137. doi:10.1371/journal.pmed.0040137, Retrieved from http://www.plosmedicine.org/../info%3Adoi%2F10.1371%2Fjournal.pmed.00

World health Organization Bulletin. (2001). *Globalization and Health: Results and Options, 79*(9), Andrea C.: Author. Retrieved from http://www.who.int/bulletin/archieves/79(9)834.pdf.

WHO bulletin commission on macroeconomics and health. (2011). *Globalization and health: A framework for Analysis and action,*

Woodward, D., Drager, N., Beaglehole, R., Lipson, J., D. :Author. Retrieved from http://dx.doi.org/10.1590/s0042-96862001000900014.